2952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02931

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St. Mary's County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland X
LENGTH OF STAY (in this place) One Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS None X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria 934-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Agustus (Last) Dean

4. DATE OF DEATH: (Month) March (Day) 10th, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 1 / 29 / 1861

9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Boat builder

10b. KIND OF BUSINESS OR INDUSTRY: Ship Yard

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Agustus Dean

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: -------

17. INFORMANT & ADDRESS: Mrs. Lila Berry - Wynne, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure — Interval Between Onset And Death: 2 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — 10 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. none

INJURY OCCURED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 2/10, 1954, to 3/10, 1954, that I last saw the deceased alive on 3/3, 1954, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Leighton, Md. DATE SIGNED 3/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/13/54 — NAME OF CEMETERY OR CREMATORY Bethel Cemetery — LOCATION (City, town, or county) (State) Alexandria, Virginia

DATE REC'D BY LOCAL REGISTRAR 3/11/54 — REGISTRAR'S SIGNATURE Alan Hauser, M.D.

24. FUNERAL DIRECTOR — ADDRESS: P. B. Robinson, Leonardtown, Maryland

RECEIVED
MAR 16 1934
BUREAU V. S.

2953

02932

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 582

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: St Marys | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wayne | MARYLAND LENGTH OF STAY (in this place): Life | HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: St Marys | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wayne | STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Blake (Middle) Wendell (Last) Dyson

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 19-54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 19-53

9. AGE last birthday yrs.: If under 1 year Months: 6 | Days: 23 | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Dyson Jr

14. MOTHER'S MAIDEN NAME: Massie E. Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs Massie E. Dyson Wayne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

501X

Immediate cause (a) Suffocation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bronchitis & Pneumonia

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14-54, 19..., to ..., 19..., that I last saw the deceased alive on 3-14-54, 19..., and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): F.F. Brennwell D.M. Dep. C/me ADDRESS: Leonardtown Md DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3/14/54 | NAME OF CEMETERY OR CREMATORY: St Peters | LOCATION (City, town, or county) (State): Bridge St Marys Md

DATE REC'D BY LOCAL REG.: 3/14/54 | REGISTRAR'S SIGNATURE: Jean D. Thomas M.D. | 24. FUNERAL DIRECTOR: Mrs. C. Mattingley ADDRESS: Leonardtown Md

2083277404

RECEIVED
MAR 16 1954
BUREAU V. S.

2954

02933

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY St. Mary's County, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hollywood X
STREET ADDRESS None (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bernard (Middle) Xavier (Last) FERGUSON, Sr.
4. DATE OF DEATH (Month) March (Day) 20th, (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 19 July, 1897
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Albert Ferguson
14. MOTHER'S MAIDEN NAME Rose C. Wise
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Bernard X. Ferguson, Jr. (son) Hollywood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Dave M.D. Leighton Park Md 3/21/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 23 March, 1954
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) (State) Hollywood, Maryland
DATE REC'D BY LOCAL REG. 3/22/54
REGISTRAR'S SIGNATURE Alan D. Hauser, M.D.
24. FUNERAL DIRECTOR ADDRESS P. B. Robinson, Leonardtown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 26 1954
BUREAU V. S.

2955

02934

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bushwood X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Cleveland (Last) Latton

4. DATE OF DEATH (Month) March (Day) 3 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 16, 1885
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY State Road
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT We Sales Foods 4516 Dorset Ave. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Gastrointestinal hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of liver

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1953, to Mar 3, 1954, that I last saw the deceased alive on Mar 3, 1954, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE J. Roy Guyther, (Degree or title) SMD ADDRESS Mechanicsville, Md DATE SIGNED 3/6/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/6/54
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Bushwood (State) Md

DATE REC'D BY LOCAL REG. 3/5/54
REGISTRAR'S SIGNATURE Allan D. House, M.D.
24. FUNERAL DIRECTOR Joe C Mattingley ADDRESS Leonardtown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1954
BUREAU V. S.

2956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02935

CERTIFICATE OF DEATH

Reg. Dist. No. 287

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St. Mary's County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) GATTON

4. DATE OF DEATH: (Month) March (Day) 10th, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 26 December 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Jedson Norris

14. MOTHER'S MAIDEN NAME: Georgianna Cullison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: J. Earl Gatton, son, Dameron, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary occlusion — 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) General arteriosclerosis — 10 yrs
DUE TO (c)

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from May, 1948, to March 10, 1954, that I last saw the deceased alive on March 9, 1954 and that death occurred at 8 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) P. J. Beany, M.D. ADDRESS Great Mills, Md. DATE SIGNED 3-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial **DATE THEREOF** 13 March 1954 **NAME OF CEMETERY OR CREMATORY** St. Michael's Cemetery **LOCATION** (City, town, or county) (State) Ridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 3-11-54 **REGISTRAR'S SIGNATURE** P. J. Beany M.D. Local Registrar

24. FUNERAL DIRECTOR P. B. Robinson, Leonardtown, Maryland ADDRESS

RECEIVED
MAR 15 1954
BUREAU V. S.

2957

MARYLAND STATE DEPARTMENT OF HEALTH

02936

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY St Marys | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St James | MARYLAND | LENGTH OF STAY (In this place) 4 Days | HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY St Marys | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Marys City | STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) D. (Last) Hall

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: March 29 1954 | 9. AGE last birthday: — yrs. | If under 1 year: Months — Days 1 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland St Marys | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ernest F. Hall | 14. MOTHER'S MAIDEN NAME: Emma Milburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — | (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO. — | 17. INFORMANT: Mrs Emma Hall St Marys City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

764.3

Immediate cause (a) Acidosis — Interval between onset and death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diarrhea and enteritis of Newborn — 2 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased ~~from~~ on 3-30-54 only, 19....., to....., 19....., that I last saw the deceased alive on 3-30-54, 19....., and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Wm H. Patrick M.D. | 323 Midway Drive Lexington Park Md | 3-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 4/1/54 | NAME OF CEMETERY OR CREMATORY St James | LOCATION (City, town, or county) (State) St James St Marys Md

DATE REC'D BY LOCAL REG. 3/31/54 | REGISTRAR'S SIGNATURE Jean D. Homer, MD | 24. FUNERAL DIRECTOR | ADDRESS Jos C. Mattingly Leonardtown Md

2034254405

VS. A15

RECEIVED
APR 2 19
BUREAU V. S.

2958

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02937

CERTIFICATE OF DEATH

Reg. Dist. No. ...

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH:
COUNTY St. Mary's County, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Compton X
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) A (Last) JACKSON

4. DATE OF DEATH: (Month) March (Day) 7th, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 28 November, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RR Car Insptr.

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Jackson

14. MOTHER'S MAIDEN NAME: Sarah Hubbard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mazie Hall (dtr.), 2328 25th St. SE, WashDC

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 1 mo

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic CV disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE J. Roy Guyther, M.D. (Degree or title) ADDRESS Mechanicsville DATE SIGNED 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10 March 1954 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 3/9/54 REGISTRAR'S SIGNATURE Alan D. Hauser, M.D.

24. FUNERAL DIRECTOR P. B. Robinson, Leonardtown, Maryland ADDRESS

2959

02938

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH · COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Palmers X — LENGTH OF STAY (in this place) 20 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Palmers X (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Elizabeth (Last) Jones			4. DATE OF DEATH (Month) 3 (Day) 15 (Year) 1954		
5. SEX Fem.	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 6-26-1882	9. AGE last birthday 71 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Edward Hopkins			14. MOTHER'S MAIDEN NAME Elizabeth Shaw		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Louise Jones		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 X

Immediate cause (a) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH 10 ds.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral apoplexy 1933

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5, 1954, to 3-15, 1954, that I last saw the deceased alive on 3-14, 1954, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert V. Palmer	M.D.	Avenue Md	3-15-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3-17-54	NAME OF CEMETERY OR CREMATORY Sacred Heart	LOCATION (City, town, or county) Bushwood	(State) Md
DATE REC'D BY LOCAL REG. 3-15	REGISTRAR'S SIGNATURE Robert V. Palmer	24. FUNERAL DIRECTOR Joseph C. Mattingly	ADDRESS Tremadlow Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR
BUREAU V. S.

Page 2 Film G 162 3/19/54 cm
2960 Item 21 G162 3/19/54 cm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02939

CERTIFICATE OF DEATH

Reg. Dist. No. 782

1. PLACE OF DEATH:
COUNTY ST MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PATUXENT RIVER MD. | LENGTH OF STAY (in this place) 14 mos. | MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS INFIRMARY, USNAS PATUXENT RIVER MD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN USNAS PATUXENT RIVER MD.
STREET ADDRESS (If rural give location) 708 E MEMO.

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Earl (Last) KELLY.

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: 5-24-17

9. AGE last birthday: 37 36 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Sailor

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy.

11. BIRTHPLACE (State or foreign country): Arkansas.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Donna Ard.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1936-54 inclusive.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: U.S Navy Files.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976X

Immediate cause (a) Wound, missile, head (8255) — Interval Between Onset And Death: Instantly.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Gunshot.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT — SUICIDE — HOMICIDE (Specify) PENDING INVESTIGATION | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HOME. | (CITY OR TOWN) PATUXENT RIVER | (COUNTY) ST MARYS | (STATE) MARYLAND.

TIME OF INJURY (Month) MAR (Day) 12 (Year) 54 (Hour) 8:57 p.m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? TO BE DETERMINED BY OFFICIAL INVESTIGATION BY U.S.NAVY.

22. I hereby certify that I attended the deceased from DEAD ON ARRIVAL 3-12-54, 19..., to 3-12-54, 19..., that I last saw the deceased alive on D.O.A., 19 3-12-54 and that death occurred at 8:57, from the causes and on the date stated above.

SIGNATURE W. H. Mook | (Degree or title) LT MC U.S.NAVY | ADDRESS INFIRMARY, USNAS PAX RIVER MD | DATE SIGNED 3-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation | DATE THEREOF 3-16-54 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Little Rock, Arkansas

DATE REC'D BY LOCAL REGISTRAR 3/15/54 | REGISTRAR'S SIGNATURE Alan D. Hower M.D.

24. FUNERAL DIRECTOR P.B. ROBINSON | ADDRESS Leonardtown, Maryland.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2961 Film#G163 Item# 12 4/5/54 emf

02940

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park X
LENGTH OF STAY (in this place) 51 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park X
STREET ADDRESS (If rural, give location) — Box 266

3. NAME OF DECEASED (Type or Print) (First) John (Middle) — (Last) Klapp

4. DATE OF DEATH (Month) March (Day) 24 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 16-1869
9. AGE last birthday 84 yrs. If under 1 year: Months 9 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Minnie Klapp Lexington Park Md Box 266

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 151X

Immediate cause (a) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH 3 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. metastatic carcinoma of liver — 3 mo.

19a. DATE OF OPERATION 1/16/54
19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach & liver
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While at Work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 1/16/54 19, to 3/24, 1954, that I last saw the deceased alive on 3/23, 1954, and that death occurred at 2.25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Julian Lane M.D. ADDRESS Lexington Park Md DATE SIGNED 3/24/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 28-54
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) near Great Mills (State) Md

DATE REC'D BY LOCAL REG. 3/27/54
REGISTRAR'S SIGNATURE Alan D. Houser, M.D./a
24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown Md

RECEIVED
APR 1 1954
BUREAU V. S.

2962

02941

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 286

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH — COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurry X
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: — X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurry X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Maude (Last) Latham

4. DATE OF DEATH (Month) (Day) (Year): March 25 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 27-1880
9. AGE last birthday: 73 yrs. If under 1 year: Months 10, Days 23; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Wheeler
14. MOTHER'S MAIDEN NAME: Susan Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: James L. Latham Hurry Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X

Immediate cause (a) Cerebral apoplexy

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20, 1954, to 3-25, 1954, that I last saw the deceased alive on 3-25, 1954 and that death occurred at 4.45 P m., from the causes and on the date stated above.

SIGNATURE: Robert V. Palmer (Degree or title) — ADDRESS: Avenue Md — DATE SIGNED: 3-26-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: March 27, 1954 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county): Brush Wood (State): Md

DATE REC'D BY LOCAL REG.: 3/29/54 — REGISTRAR'S SIGNATURE: Robert V. Palmer mmb — 24. FUNERAL DIRECTOR: Jos C. Mattingley — ADDRESS: Leonardtown Md

RECEIVED
MAR 29 1954
BUREAU V. S.

2963

02942

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY ST. MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVER MD. X
USNAS INFIRMARY PATUXENT
LENGTH OF STAY (in this place) MARYLAND 2MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNAS INFIRMARY PATUXENT RIVER, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST. MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEXINGTON PARK X
STREET ADDRESS (If rural give location) 228 CHINLEE DR.

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) ANN (Last) MCDONALD

4. DATE OF DEATH: (Month) MARCH (Day) 14 (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: CAUC

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3-14-54

9. AGE Last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min. 2

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES "E" MC DONALD

14. MOTHER'S MAIDEN NAME: ELIZABETH MARY JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MOTHER 288 CHINLEE DR. LEXINGTON PARK MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0
Immediate cause (a) CEREBRAL ANOXIA

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) TWO LOOPS OF UMBILICAL CORD WRAPPED AROUND NECK — Interval Between Onset And Death: 2 MIN

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 0740 3-14 ....., 19 54, to 0742 3-14 ..., 19 54 that I last saw the deceased alive on 3-14-54 19 54, and that death occurred at 0742, from the causes and on the date stated above.

SIGNATURE C. C. Stewart
(Degree or title) C. C. STEWARD LTJG MC USNR
ADDRESS RIVER, MD. USNAS INFIRMARY PATUXENT
DATE SIGNED 3-14-54

23. BURIAL, CREMATION, (Specify) BURIAL
DATE THEREOF 3/16/54
NAME OF CEMETERY OR CREMATORY Holy Face (Cemetery)
LOCATION (City, town, or county) (State) Great Mills MD.

DATE REC'D BY LOCAL REGISTRAR 3-15-54
REGISTRAR'S SIGNATURE J. J. Bean, M.D. Local Registrar
2034261415

24. FUNERAL DIRECTOR James E. McDonald (FATHER)
ADDRESS SH2 USN USNAS PAT. RIVER, MD.

RECEIVED
BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
STREET ADDRESS (If rural, give location) R. F. D. #1

3. NAME OF DECEASED (Type or Print) (First) Gloyce (Middle) Francis (Last) Peacock

4. DATE OF DEATH (Month) Mch (Day) 28 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan 27 1874 80 yrs.

9. AGE last birthday If under 1 year: Months 2 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sent Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St Marys Country

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John C. Peacock

14. MOTHER'S MAIDEN NAME Martha Abell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS Mrs Christine Cameron Leonardtown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Fibrillation of Heart Chronic

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis Arthritis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1954, to Mar 28 1954, that I last saw the deceased alive on Mar 27 1954, and that death occurred at 3054 m., from the causes and on the date stated above.

SIGNATURE F. F. Greenwell (Degree or title) M.D. ADDRESS Leonardtown DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3/30/54

NAME OF CEMETERY OR CREMATORY St Johns

LOCATION (City, town, or county) Holly Wood (State) Md

DATE REC'D BY LOCAL REG. 3/29/54

REGISTRAR'S SIGNATURE Alan D. Houser, M.D.

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown, Md

RECEIVED
APR 1 1954
BUREAU V. S.

2965

02944

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: St. Mary's County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Piney Point
LENGTH OF STAY (In this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural (None)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Piney Point
STREET ADDRESS (If rural, give location): Rural (None)

3. NAME OF DECEASED (Type or Print): (First) Charlotte (Middle) Ida (Last) ROBINSON

4. DATE OF DEATH: (Month) March (Day) 21st, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1 Dec., 1887

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Cross

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Helen E. Thompson (dtr.) Piney Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Congestive Heart Failure — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Arteriosclerosis

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: none — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: none
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: none
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Leonardtown, Md. DATE SIGNED: 3/24/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 24 March, 1954 — NAME OF CEMETERY OR CREMATORY: St. Mark's Cemetery — LOCATION (City, town, or county) (State): Valley Lee, Maryland

DATE RECD BY LOCAL REG.: 3/22/54 — REGISTRAR'S SIGNATURE: [signature] M.D.

24. FUNERAL DIRECTOR: P. B. Robinson — ADDRESS: Leonardtown, Maryland

2966

02945

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) Elizabeth (Last) Taylor

4. DATE OF DEATH (Month) March (Day) 17 (Year) 1954

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 10 1916
9. AGE last birthday 37 yrs. If under 1 year Months 3 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland Annapolis
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME James Jones
14. MOTHER'S MAIDEN NAME Edith Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) Ef
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS John H. Taylor Beachville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

340.0

Immediate cause (a) Meningitis — 6 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Influenza — 8 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Valvular heart disease (mitral insufficiency) — 1 year

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 1953, to March 17, 1954, that I last saw the deceased alive on March 16, 1954, and that death occurred at 12.20 A m., from the causes and on the date stated above.

SIGNATURE H Bean (Degree or title) MD ADDRESS Great Mills Md DATE SIGNED 3/18/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mch 19 1954
NAME OF CEMETERY OR CREMATORY St. Peters
LOCATION (City, town, or county) (State) Ridge St Marys Md

DATE REC'D BY LOCAL REG. March 18/54
REGISTRAR'S SIGNATURE H Bean MD Local Registrar
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

RECEIVED
BUREAU V. S.

3147

(0294)

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point — LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) Xavier (Last) Thompson

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 2 1891

9. AGE last birthday: 62 yrs. — If under 1 year: Months 9 Days 18 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Xavier Thompsson

14. MOTHER'S MAIDEN NAME: Annie Milburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) Army Spanish War

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs E. X. Thompson Piney Point Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary occlusion — 1 hour

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic encephalitis — 3 years

19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1 ..., 1953, to March 11, 1954, that I last saw the deceased alive on March 9, 1954 and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Bean, M.D. — ADDRESS Great Mills, Md. — DATE SIGNED 3-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE March 13-1954 — NAME OF CEMETERY OR CREMATORY St Johns — LOCATION (City, town, or county) (State) Holly Wood St Mary's Md

DATE REC'D BY LOCAL REG March 14-54 — REGISTRAR'S SIGNATURE P J Bean M.D. Local Registrar

24. FUNERAL DIRECTOR — ADDRESS Jos C. Mattingley Leonardtown Maryland

RECEIVED
MAR 16 1934
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02947

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Mary's County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland X
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural (Md.State Rte.No.5) X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St.Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland X
STREET ADDRESS (If rural give location) Rural (Md.State Route No. 5)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (none) (Last) YEATMAN

4. DATE OF DEATH: (Month) March (Day) 6th, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	26 July, 1872	81 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Fed.Govt.Ret.	Dept.of Commerce	Maryland	USA

13. FATHER'S NAME: William (n) Yeatman

14. MOTHER'S MAIDEN NAME: Ann M. Lamb

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	- - -	(none)Ret.1930	Everett Yeatman (son), Ridge, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) General arteriosclerosis — 12 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov ,1950, to March 6, 1954, that I last saw the deceased alive on March 5, 1954, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. J. Beane, M.D. ADDRESS Great Mills Md. DATE SIGNED 3-8-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9 March 1954	St. Michael's Cemetery	Ridge, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 8/54	C. J. Beane M.D. Local Registrar	P. B. Robinson, Leonardtown, Maryland	

VS. A15

RECEIVED
MAR 11 1954
BUREAU V. S.